Complaint Form

Note: This form can be completed electronically or by hand.

Date: _____

Who is your complaint about?

Name _____ ☐ An organisation ☐ A person

Position _____

What are your details?

Name of client complaint is regarding _____

Does the person making the complaint wish to remain anonymous? ☐ Yes ☐ No

If no, name of person making complaint _____

Category of person making complaint

☐ Participant ☐ Family member ☐ Friend ☐ Advocate

☐ Guardian ☐ Manager ☐ Other provider ☐ Staff member

☐ Other _____

Preferred method of contact

☐ Phone ☐ Email ☐ Letter

Phone _____

Email _____

Postal Address _____

Is the participant an existing client? ☐ Yes ☐ No

Complaint details

DESCRIPTION OF COMPLAINT

HAVE YOU CONTACTED US YET ABOUT THIS COMPLAINT?

WHAT IS CONSIDERED AN APPROPRIATE RESOLUTION BY THE PERSON MAKING THE COMPLAINT?